

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41554

State File No.

Registration District No. 157

Primary Registration District No. 4091

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Mary Hester Christian
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Widowed
6. (b) Name of husband or wife William H. Christian 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 12 / 1876 (Day) (Month) (Year)

8. AGE: Years 65 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Trin Mills, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name John Clements
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Bessie MacKadon
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Geo Christian
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 12/4/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Union Baptist Cemetery

18. (a) Signature of funeral director A. H. Hoisinger
(b) Address Pleasant Hill, Mo.

19. (a) 12-4-41 (b) Mrs. Etta M. Aldridge (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd year 1941 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Nov. 25, 1941, to Dec. 2, 1941; that I last saw her alive on Dec. 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension & Arterio-
Due to Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83a
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. H. Hoisinger (Specify type of place) (e) Means of injury
Address Pleasant Hill, Mo. Date signed 12/4/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.